

Bayer CropScience



February 27, 2013

Document Processing Desk 6(a)(2)
Office of Pesticide Programs (7504P)
U. S. Environmental Protection Agency
Room S-4900, One Potomac Yard
2777 South Crystal Drive
Arlington, VA 22202-4501

RE: 6(a)(2) Incidents Accumulated for the Month of January 2013

Dear Sir/Madam:

Reportable incidents accumulated for the month of January 2013 for Bayer CropScience and Bayer Environmental Science are attached.

Bayer CropScience
RTP
P O Box 12014
RTP, NC 27709
Tel. 919 549-2000

The information with this letter is being submitted to the EPA pursuant to the Agency's interpretation of requirements imposed on registrants by Section 6(a)(2) of FIFRA. This information does not necessarily constitute additional factual information regarding unreasonable adverse effects within the meaning of 6(a)(2). It is being submitted to enable the Agency to make its own assessment of the information.

If you have questions or concerns, please do not hesitate to contact me at any time.

Sincerely,

Gerret Van Duyn
Compliance Manager
State Regulatory and Documentation Services
919-549-2914

CC: AE Coordinator, CA Department of Pesticide Regulation
Jeanine Broughel, NY Department of Environmental Conservation

/attachment

Personal privacy information

- 003

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 1 of 3

Row 1	Reporter Name [REDACTED]	Submission date. 2/25/2013	Contact person (if different than reporter)	Internal ID 1107302
Administrative Data	Address [REDACTED]		Address	
	[REDACTED]		Phone #	
	Incident Status: New	Location and date of incident Riverside, CA USA 12/27/2012	Date registrant became aware of incident. 01/19/2013	Was incident part of larger study? No
Row 2	EPA Registration # (Product 1) 72155-80	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
Pesticide(s) Involved	A.I. (s) Beta-Cyfluthrin, sodium o-phenylphenate	A.I. (s)	A.I. (s)	
	Product 1 name Home Pest plus Germ Killer Indoor & Outdoor Killer RTU (1 Gal)	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? No	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation	Formulation	Formulation	
Row 3	Evidence label directions were not followed? No Intentional misuse? No	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/woods, agricultural (specify crop) right-of-way (rail, utility, highway)). Own Residence	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). See Incident Description Notes	
Incident Circumstances	Applicator certified? UNK			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) See Incident Description Notes			

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 2 of 3

Explained to the caller that we would not expect her symptoms or illness to be caused by an exposure to this product. Told the caller to call back with any other information.

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Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 3 of 3

Demographic information: Age: 53 Year(s) Sex: Female Occupation (if relevant) NA	Exposure route: Dermal Ingestion/oral	Was adverse effect result of suicide/homicide or attempted suicide/homicide? No	Was protective clothing worn (specify)? None Reported
If female, pregnant? NO	Was exposure occupational? Not indicated If yes, days lost due to illness: NA	Time between exposure and onset of symptoms: 1 month or less	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). Private MD/DVM-treated & released	List signs/symptoms/adverse effects Gastrointestinal-Taste alteration Neurological-Headache Respiratory-Congestion	If lab tests were performed, list test names and results (If available, submit reports) None Reported	
Exposure data: NA Amount of pesticide: NA Exposure duration: Acute < 8hrs Patient weight: Unknown			
Human severity category: HC			
<p>This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)</p> <div style="text-align: right;"> <p>Internal ID # 1107302</p> </div>			